MANAGED RISK MEDICAL INSURANCE BOARD
Healthy Families Program Advisory Panel Summary
Meeting of July 29, 2003
Sacramento, California

Panel Members Present:	Jack Campana, Santos Cortez, DDS, Ellen Beck, MD, Elizabeth Stanley-Salazar, Leonard Kutnik, MD, Maria Luz Torre, Margaret Jacob, Ronald Diluigi, Sai-Ling Chan-Sew, Jose Carvajal
Staff Present:	Lesley Cummings, Irma Michel, Lorraine Brown, Janette Lopez, Vallita Lewis, Doug Skarr, Nora Nario, Mary Watanabe, Laura Gutierrez

Introductions

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting by introducing himself and asking Panel Members, staff and the audience to introduce themselves.

Welcome New Panel Members and Administer Oath of Office

Irma Michel, Deputy Director of Eligibility, Enrollment and Marketing for MRMIB, administered the oath of office to Margaret Jacob, who joins the Panel as the Subscriber with Special Needs representative. Mr. Campana welcomed Ms. Jacob and stated that the new Health Plan Community Representative, Martha Jazo-Bajet, RN, MPH, was unable to attend the meeting.

HFP Advisory Panel Vacancies

Ms. Michel reviewed the vacancy notice for the County Public Health Representative. She reported that she had received three applications and will present the selection to the Board in September. She added that applications will be accepted for a few more weeks.

Ellen Beck, MD, asked what the selection criteria were for this position. Ms. Michel responded that the applicant must be a county public health employee who works with children's programs.

Review and Approval of the May 6, 2003 HFP Advisory Panel Meeting Summary

The May 6, 2003 HFP Advisory Panel Meeting Summary was approved as distributed.

Budget Update

Lesley Cummings, Executive Director for MRMIB, presented a summary of the budget items that had changed since the last Advisory Panel meeting. She stated that the State Budget was passed by the Senate and was now in the Assembly. She stated that the Senate Subcommittee adopted trailer bill language that would transfer funds from the Office of Statewide Health Planning and Development (OSHPD) to MRMIB for rural health clinics. She added that there is also trailer bill language that would require plans to keep their existing rates for 2004-05. This would not fit MRMIB's model of negotiating rates so staff are looking into what this means.

Leondard Kutnik, MD, asked if this was only for HFP or if it also applied to Medi-Cal. Ms. Cummings responded that as far as she knew it only applied to HFP. She added that Medi-Cal was receiving a 5% reduction for California Children's Services (CCS) and would be conducting eligibility reviews twice a year for adults. Dr. Kutnik added that the budget had also slightly increased the age for aged handicap and so far had not taken away any benefits.

Ms. Cummings stated that the Assembly is still in session and will be until they get the necessary votes. She stated that MRMIB had been given the necessary funds to enroll all eligible children. MRMIB's operating budget has been reduced the last two years and MRMIB was asked to submit a plan to reduce personnel by 10%, which was done through five vacant positions and reducing overtime by two-thirds. Then, because no layoffs were proposed, MRMIB was required to send out surplus notices to eight staff with less than 30 months of service. Ms. Cummings explained that the surplus notice is the precursor to allow for layoffs later. She added that the 10% reduction was part of the Governor's proposal to eliminate 13,000 positions and approximately $850 million in salary savings. The Senate proposal requires the elimination of 16,000 positions and approximately $1 billion in salary savings. Ms. Cummings stated that due to the lack of staff, MRMIB may not be able to be as responsive as they have been in the past.

Mr. Campana stated that the Panel has always appreciated the responsiveness of staff and asked if there was anything that the Panel could do. Elizabeth Stanley-Salazar asked if MRMIB could ask for staff once rural health was taken over by MRMIB. Ms. Cummings responded that there would be an opportunity to ask for positions, but it would probably just be one position. The Panel discussed various items to be included in a letter from the Panel, including the previous efficiency of staff, that staff has been proactive in keeping enrollment, and MRMIB's role in health care reform and as a resource in the community.

Update on HFP Quality Improvement Work Group Activities

Lorraine Brown, Deputy Director of Benefits and Quality Monitoring for MRMIB, provided an update on the activities of the Quality Improvement Work Group.

Ms. Brown stated that the Work Group has met twice and will soon be making recommendations to the Board regarding measuring plan performance. Ms. Brown stated that the Work Group is looking at five issues: (1) existing measures, (2) collecting claims and encounter data, (3) use of performance targets, (4) use of incentives to promote quality improvement, and (5) use of health plan accreditation as a tool to promote quality. The Work Group has reached some conclusions on three of the issues and will be discussing encounter data and accreditation in the next few months. She stated that encounter data is to be collected on 28 procedures or medical conditions and the Work Group will be discussing what that list should be. She stated that the Workgroup will also be looking at ways that accreditation can play a role in HFP.

The Work Group identified five additional measures which could be phased into the new contract. In addition, the Work Group is planning to recommend an Adolescent Health Survey. Ms. Brown added that the Dental subcommittee will be meeting on Thursday, July 31, 2003 and the Work Group would be meeting in a week.

Maria Luz Torre asked why MRMIB is limiting the collection of encounter data to 28 procedures. Ms. Brown responded that because of limited resources, collecting a smaller set of data would be more manageable and cost. Ms. Brown added that the goal of collecting encounter data is to complement performance measures already received.

Ms. Cummings stated that MRMIB is not currently collecting encounter data except for the Health Plan Employer Data and Information Set (HEDIS) measures. Ms. Brown stated the only data currently collected are childhood immunizations, well adolescent visits, well child visits and access to primary care physician. Ms. Cummings added that the Board wants more encounter and utilization of services data and that this will be a feature in the administrative vendor contract for next year.

Ronald Diluigi asked if the number of encounters per year is collected and if the Board is comfortable with the number of subscribers accessing services. Ms. Cummings responded that only the HEDIS indicators were collected now. A major task once the Board begins collecting encounter data is to get plans to provide standardized information. She added that the Health Insurance Portability and Accountability Act (HIPAA) is supposed to help some with that, but not necessarily with capitated arrangements.

Dr. Beck suggested looking at situations such as underserved communities and under diagnosed areas such as childhood obesity, asthma, Attention Deficit Disorder (ADD), learning disabilities, alcohol abuse, depression and pregnancy. She also suggested looking at the amount of time between visits and whether or not there was a follow-up visit.

Sai-Ling Chan-Sew stated that the Adolescent Health Survey can be lengthy and take a long time to fill out and collect. She suggested that thought be given to the time it takes to administer and analyze a lengthy survey. Ms. Brown stated that the survey was developed by Foundation for Accountability (FACCT) and that FACCT had pilot tested the survey in several areas including California.

Dr. Kutnik complimented Ms. Brown on a good job of coordinating the Work Group and the phone conferences. He stated that this was an extremely difficult task and MRMIB staff are doing a great job.

Ms. Stanley-Salazar stated that the purpose of the Panel is to talk about health coverage and access and while the quality issues are interesting, it may not be the purpose of the Panel to measure or define it. She cautioned against collecting data to shape the quality of what the marketplace is delivering and creating data systems to measure quality versus access and encounter data. Dr. Kutnik stated that it is important to show small businesses that if children have health care, the parents are more productive and the kids are in better health. He added that there is a roll for outcome measures in moving health care forward and it is an important economic issue.

Ms. Cummings stated that the California Public Employees' Retirement System (CalPERS) is establishing an encounter system, but they have narrowed their plans to 5, where HFP has 32 plans.

Doug Skarr, Research Program Specialist for MRMIB, responded to four questions and requests from Panel Members at the last meeting. His report consisted of the following: (1) as requested, he had sent the Health Status Assessment Report to several organizations at the request of the Advisory Panel, (2) he had learned that the Packard Foundation had not funded a study on Medi-Cal similar to the Health Status Assessment Study for HFP, (3) the PedsQL survey has only been used in surveys of small populations to determine changes in health status of children who are chronically ill, and (4) at the request of the Panel, Mr. Skarr presented a showing the PedsQL scores by income level and linking the PedsQL scores to HEDIS data.

Dr. Kutnik asked if the PedsQL results were being written for publication. He stated that it is a ground breaking survey that provides succinct and valuable information that should be published in a variety of places. Mr. Skarr stated that the baseline results are currently under review for publication. Dr. Beck asked for additional breakdown of PedsQL information by income.

Provision of CCS Orthodontia Services for HFP Subscribers

Ms. Brown presented a draft report on Options for Delivering Limited Orthodontic Services in HFP. Nora Nario, Research Program Analyst for MRMIB, reviewed

the three potential improvements for providing CCS orthodontia services to HFP subscribers.

Dr. Beck stated that in her experience with CCS, the processes were very slow and physicians weren't aware of the orthodontia component. She added that there are many children that will not meet the criteria and yet they are still having problems. She recommended that dental plans be allowed to perform screenings. She also recommended that HFP consider instituting a benefit for orthodontia**.**

Santos Cortez, DDS, stated that the reason for the lack of providers was that the claims system is cumbersome and reimbursement is low. He stated that in the Long Beach area, there are few CCS paneled orthodontists. He added that the children accepted under the current criteria are few. He also indicated that children with conditions that don't meet CCS orthodontia criteria are not getting treatment, which is affecting their self-esteem. He suggested talking to orthodontic specialists to get their input and appeal to the dental societies to educated them and get a network of providers. Ms. Nario stated that State staff from the CCS program has met with representatives from the California Association of Orthodontists to discuss issue's that present barriers to participation in the CCS program. The CCS orthodontists had told CCS staff that payments are competitive; however, the billing process and codes are very complicated.

Ms. Brown stated that MRMIB would consider options for addressing two issues: improving access and the billing system. Ms. Cummings added that if plan rates are going to be frozen, staff will have to think about a range of things. Having dentists provide screenings and treatment would not be cost neutral.

Enrollment, Disenrollment and Single Point of Entry Reports

Ms. Michel reviewed the Enrollment, Disenrollment and Single Point of Entry Summary. Ms. Michel reminded the Panel that Certified Application Assistants (CAA) reimbursement stopped on June 30, 2003.

Ms. Michel reviewed the Retention and Disenrollment report for January 2001 to December 2001 in response to the Panel's request at the last meeting for more current data. Ms. Cummings stated that this is presently a manual report but that the new administrative vendor will be able to produce it electronically.

Ms. Michel stated that in 2001, the National Academy for State Health Policy (NASHP) study was done to find out why people were disenrolling and found that states were overestimating disenrollment. In 2001, the draft results of the study were given to us and new processes were put in place to improve retention. These included calling people before being disenrolled, sending out postcards and asking if they were going to pay. Retention went up to 69% in 2002.

Hopefully there will be even more improvement when the results are in for this year.

Dr. Beck stated that the majority of people who are disenrolled for non-payment of premium seem to be disenrolled in the first year. She suggested that the focus for paying premiums should be on those enrolled in their first year. Ms. Michel stated that the current practice is to ask families after two months of non-payment if they are going to pay and if not, to ask why. Ms. Cummings stated that the Urban Institute found that most states lose approximately 50% compared to HFP's 31%.

Dr. Cortez asked how much was spent to increase retention by 3%. Ms. Cummings stated that as part of the negotiations, the new administrative vendor offered increased services at a cost savings.

Mr. Campana stated that there is a constant need for staff development and to repeatedly train staff on certain requirements. Ms. Michel responded that the administrative vendor contract requires the operators to receive updates constantly.

Dr. Beck asked what savings might occur if people weren't charged premiums. She feels strongly about looking at whether it would be a cost savings not to charge those in the lowest income levels. Ms. Cummings responded that premium collection allows MRMIB to know that the person is still there and still in a certain area. In Medi-Cal, where there are no premium payments people are required to go through the enrollment process twice a year to ensure that Medi-Cal isn't making payments to plans for those who aren't there. Ms. Michel stated that the process is still to find the families that can't afford to pay their premiums and get them enrolled in no cost Medi-Cal. She added that the scripts will be changed to focus on those families.

The Panel discussed ways that they could lend their support to MRMIB staff and the possible reduction of staff. Dr. Kutnik stated that the focus should be on the innovative and quality work that has been done by staff, such as the PedsQL study. He added that the Children's Health Demonstration Project (CHDP) gateway program will move children into Medi-Cal or HFP and if MRMIB does not have the staff to implement this program, it could have a negative impact on the State. Mr. Diluigi stated that the focus should be on MRMIB's increased workload and a reduction in staff could impact MRMIB's ability to get data to counties and others who need it.
Ms. Chan-Sew asked how much of the funding cut was General Fund and how much was Federal funds. Ms. Cummings responded that one-third is General Fund and two-thirds is Federal funds. She added that departments with no General Fund were still being asked to make cuts.

Mr. Campana asked how staff would be able to make deliverables and help the new contractor without the necessary staff. He added that he would draft a letter from the Panel and share it with them by e-mail.

Administrative Vendor Transition Status

Ms. Michel reviewed the Administrative Vendor Transition Status Report. She stated that staff are also working with DHS and Electronic Data Systems (EDS) and their milestones will be added to the report next month. Ms. Cummings stated that MRMIB is pleased with how the transition is going and thanked EDS and MAXIMUS staff for their professional attitude in working together. She introduced the team from MAXIMUS, Randy Fritz and Kathryn Lowell.

Mr. Diluigi stated that there were some activities carried out by Richard Heath Associates and asked what can be expected with the new administrative vendor. He asked how MRMIB will know which children are eligible for HFP and Medi-Cal and that it will be important to know how successful the CHDP gateway is. Ms. Cummings responded that the eligible but not enrolled data comes from the California Health Interview Survey (CHIS) that is done every few years. The 2001 data showed that there were approximately 350,000 eligible but not enrolled, but several hundred thousand children have been enrolled since then. The CHIS report shows the biggest reason children were not enrolled in the Program was because they didn't know about it. She added that one of the MAXIMUS enhancements was to maintain the CAA infrastructure beginning in January, but in the meantime, MRMIB staff will try to maintain it. Ms. Cummings stated that in regards to the success of CHDP, it will be possible to tell how many kids were enrolled through the CHDP portal, but the majority will be enrolled in Medi-Cal.

Ms. Stanley-Salazar stated that MRMIB has been very effective at using data and making decisions to improve the system. She asked how the Budget cutbacks will impact the department's monitoring capacity. Ms. Cummings stated that the data will be better under the new contract, but MRMIB's ability to analyze and monitor does depend on staffing resources. Mr. Campana stated that the ability to utilize the data could be influenced by the number of staff.

Ms. Stanley-Salazar asked if MRMIB had identified any strategies or tactics to deal with staffing cuts. She added that the Board has been very proactive in how it handles data and asked if the Board was guiding staff in dealing with this dilemma. Ms. Cummings responded that she has asked the Deputies to look at their workload and to make a list of priorities.

Mr. Diluigi stated that CHDP is a great opportunity, but with a lack of resources, things will have to be done smarter. He asked how the counties will know which children are eligible. Dr. Kutnik responded that each county will get a list of applications received and those that have not been received each month. The CHDP Advisory Group will get reports on applications received, sent out,

returned, etc. Dr. Kutnik stated that he is a member of the CHDP Advisory Group and would bring any suggestions back to the children's advocacy groups. Jose Carvajal stated that he works closely with the public agencies in Alameda County and they are inviting families to their first enrollment event in September.

Mr. Campana stated that there would be one more meeting for the year on November 4, 2003. He added that in January, the term for five Panel members would end. He stated that the Panel members are encouraged to reapply for the vacancies because their knowledge and experience are valuable to the Panel. Panel members should contact Ms. Cummings or Ms. Michel if they are interested. Ms. Michel stated that they would need to reapply by sending a letter of interest and a resume.